

# NEW HAMPSHIRE STATE POLICE MEMORIAL SCHOLARSHIPS

Please indicate parent's membership in one or both of the following by checking all that apply.  
Applicant must be a dependent child of a member of the New Hampshire State Police (active or retired).

\_\_\_\_\_ New Hampshire State Police Benevolent Association

\_\_\_\_\_ Other (Parent is employed and/or retired with the Division of State Police).

**INSTRUCTIONS:** *Print or type all information.* **The completed application form must be returned to the Scholarship Committee no later than June 27, 2006.**

1. Applicant \_\_\_\_\_  
(First) (Middle) (Last)

2. Home Address \_\_\_\_\_  
(No. & Street) (City/Town)  
\_\_\_\_\_  
(State & Zip) (Tel. No.)

3. Mailing Address \_\_\_\_\_  
(No. & Street) (City/Town) (State/Zip)

4. Father or Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Marital Status \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Mother or Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Marital Status \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_

5. Income - **A copy of parents' and applicant's W-2 forms and most recent tax returns with supplements must accompany this application. If a Federal Student Aid Form has been completed, it must be submitted with application.**

Gross 2005 Income of father (or guardian) \$ \_\_\_\_\_  
Gross 2005 Income of mother (or guardian) \$ \_\_\_\_\_  
Gross 2005 Income of applicant \$ \_\_\_\_\_  
All other gross 2005 income from rentals, social security  
step-parents, deferred compensation, etc. \$ \_\_\_\_\_  
**Total gross 2005 Household Income** \$ \_\_\_\_\_

6. Dependents - Children living in household - please list giving name, age, marital status and whether employed full-time or student (list school).

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7. Please check one of the following: Year of college scholarship applied for.

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

8. Post-secondary school or college for which applicant's scholarship is requested and subject area applicant plans to pursue:

Name	City	State	Major
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9. Approximate cost of one (1) year of schooling to include board/room and tuition, etc.).

\_\_\_\_\_

10. High School attended: \_\_\_\_\_

Date of graduation: \_\_\_\_\_

11. Class standing: \_\_\_\_\_ Top 10% \_\_\_\_\_ Top 25% \_\_\_\_\_ Top 50% \_\_\_\_\_ Lower 50%

12. Describe your work experience in each job in the last twelve (12) month period.

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13. A. List all extracurricular activities for the last academic year (sports, choir, drama, etc.)

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B. List all civic activities for the last academic year (Scouting, Hospital Volunteer, Soup Kitchen, etc.)

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14. Honors and Awards (last academic year).

Scholastic: 

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Extracurricular (School related): 

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Civic (Non-school related): 

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15. Have you been granted any financial aid for the upcoming school year (to include scholarships, grants or any other money(s) not requiring repayment.

Grantee	Amount
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16. Is there a mental, physical or learning challenge that should be considered. Please be specific.

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17. Please submit a typewritten five hundred (500) word essay describing your two most significant accomplishments and explain why you view them as such. The essay should be submitted on a separate piece of paper.

18. Please furnish us with two (2) references other than someone connected with school or a relative that the scholarship committee can contact:

Name: \_\_\_\_\_ Tel. No. \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Tel. No. \_\_\_\_\_

Address: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applications must be returned along with a copy of high school or college transcript by June 27, 2006.**

To: NHSP Benevolent Association  
Attn: Cheryl Janelle  
33 Hazen Drive  
Concord, NH 03305

**NOTE: If application is not completed properly and copies of requested forms are not submitted, application will be disqualified.**

Committee Check List:

\_\_\_\_\_ Completed Scholarship Application

\_\_\_\_\_ Copies of Income Tax Returns (**Parents & Applicants - MANDATORY**)

\_\_\_\_\_ Federal Student Aid Form (if applicable)

\_\_\_\_\_ Essay

\_\_\_\_\_ Transcript

### **SCHOLARSHIP ELIGIBILITY:**

**All dependent children (defined as natural, adopted or step-children) of both sworn and unsworn members (active and retired) of the Division of State Police who are enrolled in a college, junior college, trade or technical school on a full-time basis are eligible to compete for an undergraduate scholarship.**

**The dependents of any member of the Division of State Police whose employment was terminated by the Division of State Police, other than by retirement, death or disability, will not be eligible for any benefits of this scholarship program.**

**Eligibility does not guarantee the awarding of a scholarship.**

**WEBSITE DISCLAIMER:**

*If awarded this scholarship, I agree to allow the State Police Benevolent Association to display a photograph of me on the Website:    YES\_\_\_\_\_    NO\_\_\_\_\_*

\_\_\_\_\_  
*Signature*